

Impact of Hysteroscopic Metroplasty on Reproductive Outcomes of Women with a Dysmorphic Uterus and Recurrent Miscarriages: A Systematic Review and Meta-Analysis.

Autori: De Franciscis P, Riemma G, Schiattarella A, Cobellis L, Colacurci N, Vitale SG, Cianci A, Lohmeyer FM, La Verde M

Rivista: Journal of gynecology obstetrics and human reproduction

DOI: 10.1016/j.jogoh.2020.101763

PMID: 32330671

ABSTRACT

The aim of this systematic literature review and meta-analysis is to assess the impact of hysteroscopic metroplasty for dysmorphic uteri on reproductive outcomes in women with recurrent miscarriages. Available studies were identified through a PubMed, Scopus, and Cochrane search until June 2019. Live-birth rate, clinical pregnancy and miscarriage rate after hysteroscopic metroplasty was evaluated. DerSimonian and Laird's random-effect model was used for relative risks, Freeman-Tukey Double Arcsine for pooled estimates and exact method to stabilize variances and CIs. Heterogeneity was quantified using I²-statistics. Six out of 164 published studies met the inclusion criteria. All (n = 221) women underwent metroplasty, using 5Fr-hysteroscope with bipolar electrodes or 26Fr/28Fr-resectoscope in outpatient or inpatient settings. After 6 to 60-month follow-up, reported live-birth rate was 50% (0.37-0.63 95% CI) from a clinical pregnancy rate of 73% (0.51-0.91 95% CI) and miscarriage rate was 23% (0.15-0.30 95% CI). Hysteroscopic metroplasty for dysmorphic uteri led half of the women who experienced recurrent miscarriages at least one live birth and is correlated to few surgical and obstetric complications. However, randomized clinical trials and case-control studies are unavailable due to ethical constraints; inhomogeneity of follow-up durations and standardized protocols regarding preoperative diagnosis and post-surgical management restrict our conclusions.